

DOCKET NO.
39056-P001WOUS

PATENT

10/506873

DT04 Rec'd PCT/PTO 03 SEP 2004

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type::

Utility

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

CREATING RECORDS OF PATIENTS USING A BROWSER
BASED HAND-HELD ASSISTANT

Attorney Docket Number::

39056-P001WOUS

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

1

Total Drawing Sheets::

13

Small Entity?::

YES

Latin Name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed U.S. Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

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Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patrick
Middle Name::
Family Name:: Ryan
Name Suffix::
City of Residence:: Folsom
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 263 Well Fleet Circle
City of mailing address:: Folsom
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address: 95630

Applicant Authority type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Steve
Middle Name:
Family Name: Neptune
Name Suffix::
City of Residence: Granite Bay
State or Province of Residence: California
Country of Residence:: US
Street of mailing address:: 9250 Shadow Brook Lane
City of mailing address:: Granite Bay
State or Province of mailing address:: California
Country of mailing address:: US

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Postal or Zip Code of mailing address:: 95746

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status: Full Capacity

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Family Name:: Bakken

Name Suffix::

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City of mailing address:: Folsom

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Country of mailing address:: US

Postal or Zip Code of mailing address:: 95630

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status: Full Capacity

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Name Suffix::

City of Residence:: New Castle

State or Province of Residence:: California

Country of Residence:: US

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State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95658

Correspondence Information

Correspondence Customer Number::

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Associate	<u>53,514</u>	E.E. Richards
Associate		

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

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Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:
PCT	PCT/US2003/007013	03-05-2003	National Phase
US	60/362,024	03-06-2002	Benefit of & Priority to

Assignee Information

Assignee name::	Professional Pharmaceutical Index
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Country of mailing address:	US
Postal or Zip Code of mailing address:	95746

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